1	UNIFORM HAZARDOUS WASTE MANIFEST	Manifest Document No.					ation in the shaded areas required by Federal law.		
	3. Generator's Name and Mailing Address COLUMBIA SHOWCASE & CABINET 11034 SHERMAN WAYSUN VALLEY, CA 91352 4 Generator's Phone 818) 765-9710					A. State Manifest Document Number 88677238 B. State Generator's ID			
_	5 Transporter 1 Company Name of CAD 042 245 001					C. State Transporter's ID //0/37 D. Transporter's Phone 213 698-099			
7	7 Transporter 2 Company Name 8. UL EPA ID Number					E. State Transporter's ID F. Transporter's Phone			
9	OMEGA R. COVERY SERVICES 12504 E. WHITTIER BLVD WHITTIER, CA 90602 CAD 042 245 001				G. State Facility's ID C A D D 4 Z Z 4 5 O H. Facility's Phone 213 698-0991				
	11 US DOT Description (Including Proper S			1	2. Conta	iners Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
GEN	WASTE PAINT RELATION (LACQUER THINNER)	ED MATERIAL N	1.0.S, P	IA 126			9012161		State 213 EPA/Other F003 State
E A T O	С					1_			EPA/Other State
					11				EPA/Other State
	d					1			EPA/Other
100	J. Additional Descriptions for Materials Listed Above A) FOR DISPOSAL					K. Handling Codes for Wastes Listed Above a. b. C. d.			
	15 Special Handling Instructions and Additional Information PROFILE NUMBER A 15687								
	GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am I large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment: OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. Month Day								
•	Printed Typed Name Sim Bassers 17 Transporter 1 Acknowledgement of R	eceipt of Materials	Signature	1					01712101
RANSPO	Printed Typed Name Printed Typed Name Robert CIRINITECTY Signature Audit On Male 18 Transporter 2 Acknowledgement of Receipt of Materials								0720
F E R	Printed Typed Name		Signature						Month Day
	19 Discrepancy Indication Space								
F A C	20 Facility Owner or Operator Certificat								